ENVI	ICATION FOR WELL PERMIT RONMENTAL HEALTH 2525 Corporate Place Monterey Pai ITY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES	rk, Ca 91754 DATE 1/18/0)
	TYPE OF PERMIT (CHECK)	TYPE OF WELL
	☐ NEW WELL CONSTRUCTION	☐ PRIVATE DOMESTIC ☐ CATHODIC
	☐ RECONSTRUCTION OR RENOVATION	☐ PUBLIC DOMESTIC ☐ INDUSTRIAL ☐ IRRIGATION ☐ GRAVEL PACK
DESCRIPTION	DESTRUCTION	OBSERVATION/MONITORING TEST
	Type of casing 4 inch drameter Schedule	40 PVC Well number WCC-10s
	METHOD OF SEALING OF CASING	
	``	
	Presure grout with woklay, dril	but top 5-ft, coment cop bury
_	with soil	
	ADDRESS (NUMBER, STREET, AND NEAREST INTERSECTION) 19503 S. Normandie Ave. Lo	s Angeles, CA CITY Los Angeles
	DIAGRAM (SHOW PROPERTY LINES, STREET, ADDRESS, WELL SITE, SEWERS, AND P	PRIVATE SEWAGE DISPOSAL SYSTEMS ALONG WITH LABELS AND DIMENSIONS)
	Normandie Aux	
	The local state of the state of	
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-		Francisco
	wac-105 * ==	
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	NAME OF WELL DRILLER (PRINT) (Upx+ Harmat	NAME OF WELL OWNER (PRINT) RUCING Realty Corporation
AFFLICANI	TRADE NAME Driller	MAILING ADDRESS KILTON Airport Uly Suite 500
	1016 East Kotelh Ave Angheim Ch	CITY 1 P. O C. O. C. C.
	I hereby agree to comply in every respect with all	DISPOSITION OF APPLICATION: (For Sanitarians Use Only)
	regulations of the County Preventive/Public Health Services and with all ordinances and laws of the County	☐ APPROVED ☐ DENIED
	of Los Angeles and of the State of California pertaining to well construction, reconstruction and destruction. Upon	APPROVED WITH CONDITIONS
	completion of well and within ten days thereafter, I will furnish the County Preventive/Public Health Services with a complete log of the well, giving date drilled, depth of	If denied or approved with conditions, report reason or conditions here:
	well, all perforations in casing, and any other data deemed necessary by such County Preventive/Public Health	Scheduld for Morrory 1/22/0
	Services.	CALL ME FOR TIME OF
	an It h	DESTRUCTUM,
	Apploant's Signature	DATE 1/18/01 SANITARIAN che Lui
	Jay Kalght 949.261/57	DATE 1/2-3/0) SECTION CHIEF